



Hearings Department
802 Mayflower Street
Baton Rouge, LA 70802
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Witness Statement (A)

NAME OF WITNESS: _____ SCHOOL: _____ GRADE: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

STATEMENT OF INCIDENT

(USE ADDITIONAL SHEETS IF NECESSARY TO COMPLETE STATEMENT)

PLEASE NOTE WHO? WHAT? WHEN? WHERE? WHY? HOW?

SIGNATURE OF WITNESS

DATE

PRINTED NAME OF WITNESS